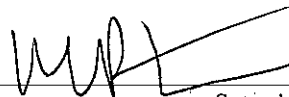


Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*This summons for (name of individual and title, if any) Defendant Michael Solanwas received by me on (date) OCT 4 2010☐ I personally served the summons on the individual at (place) 7214 Woodmar Avenue, Hammond, IN 46320Certified Mail, Return Receipt Requested on (date) OCT 5 2010 ; or☐ I left the summons at the individual's residence or usual place of abode with (name) _____, a person of suitable age and discretion who resides there, on (date) _____, and mailed a copy to the individual's last known address; or☐ I served the summons on (name of individual) _____, who is designated by law to accept service of process on behalf of (name of organization) _____ on (date) _____ ; or☐ I returned the summons unexecuted because _____ ; or☐ Other (specify): _____My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: OCT 5 2010

Server's signature

Mitchell A. Peters, #6560-45, Atty for Plaintiff

Printed name and title

8927 Broadway
Merrillville, IN 46410
Telephone: (219) 769-0783

Server's address

Additional information regarding attempted service, etc:

7007 3020 0003 2615 3517

U.S. Postal Service	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To: Michael Solan 7214 Woodmar Avenue Street, Apt/Hammond, IN 46320 or PO Box No. City, State, ZIP+4	
PS Form 3800, August 2005 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <i>Michael Solan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: Michael Solan 7214 Woodmar Avenue Hammond, IN 46320	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7007 3020 0003 2615 3517